2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004440

1. Entity Name

NATIONAL URBAN FELLOWS, INC.

Principal Place of Business	Mailing Address
59 JOHN STREET SUITE 310 NEW YORK NY 10038	59 JOHN STREET SUITE 310 NEW YORK NY 10038

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **23-7404350** — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
CT CORPORATION SYSTEM 1200 SO PINE ISLAND RD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City _____ **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW: FEE IS $61.25	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D **NAME** BURTS, EZUNIAL **STREET ADDRESS** 350 SO BIXEL ST **CITY-ST-ZIP** LOS ANGELES CA 90051-1696	☐ Delete	**TITLE** Director **NAME** BURTS, Ezunial **STREET ADDRESS** 6434 Shenandoah **CITY-ST-ZIP** Los Angeles, California 90056	☒ Change ☐ Addition
TITLE CD **NAME** LEE, MARY WONG **STREET ADDRESS** 1403 PASEO MARAVILLA **CITY-ST-ZIP** SAN DIMAS CA 91773	☐ Delete	**TITLE** Director **NAME** Caravalho, GEORGE **STREET ADDRESS** 1818 OLD BRIDGE Road **CITY-ST-ZIP** Riverside, California 92506	☐ Change ☒ Addition
TITLE D **NAME** LOGUE, FRANK **STREET ADDRESS** 173 LIVINGSTON ST **CITY-ST-ZIP** NEW HAVEN CT 06511	☐ Delete	**TITLE** DIRECTOR **NAME** Johnson, Floyd **STREET ADDRESS** 4130 NortheAst 29th Avenue **CITY-ST-ZIP** FoRT Lauderdale, Florida 33308	☐ Change ☒ Addition
TITLE P **NAME** BIVENS, MICHAEL **STREET ADDRESS** 200 COLONIAL HOME DRIVE #608 **CITY-ST-ZIP** ATLANTA GA 30309	☐ Delete	**TITLE** President **NAME** Bivens, Michael **STREET ADDRESS** 28 Third Street #1336 **CITY-ST-ZIP** SOUTH ORANGE, New Jersey 07079	☒ Change ☐ Addition
TITLE DT **NAME** WATT, GRAHAM **STREET ADDRESS** 1800 SOUTH OCEAN DRIVE **CITY-ST-ZIP** FORT LAUDERDALE FL 33316	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE S **NAME** ECHEVESTE, ADOLFO **STREET ADDRESS** PO BOX 24152 **CITY-ST-ZIP** TEMPE AZ 85285	☐ Delete	**TITLE** Secretary/Director **NAME** Echeveste, Adolfo **STREET ADDRESS** 1107 East Riviera Drive **CITY-ST-ZIP** Tempe, Arizona 85282	☒ Change ☐ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _SIGNATURE REQUIRED_   4/29/03   (212) 349-6200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

ATTACHMENT

Title:	D	[X] Change	[ ] Addition
Name:	Rev Carolyn N Graham		
Street Address:	1710 Newton Street, NE		
City -State-Zip:	Washington DC 20018		

Title:	D	[ ] Change	[X] Addition
Name:	Hon. Harvey Johnson Jr.		
Street Address:	1141 Hallmark Drive		
City -State-Zip:	Jackson, MS 39206		

Title:	D/V	[ ] Change	[X] Addition
Name:	Mr. Benjamin Reyes		
Street Address:	41 West Congress Parkway, Suite 300		
City -State-Zip:	Chicago, IL 60605		

Title:	D	[X] Change	[ ] Addition
Name:	Mr. William J Perez		
Street Address:	609 Centauro Street,		
City -State-Zip:	San Juan, Puerto Rico 00920-4222		

Title:	D	[ ] Change	[X] Addition
Name:	Ms. Susan F. Shick		
Street-Address:	1677 White Creek Lane		
City -State-Zip:	San Jose, California 95125		